

needle with comparative immunity from danger or disturbance of function. 3—That the recovery in Dingman's case was directly due to the operation. 4—That the prognosis in cases of traumatic insanity is not necessarily bad if surgical interference be allowed.

B. S.

Phthisis and Insanity. Dr. R. H. BENNER (*Alienist and Neurologist*, April, 1886) says that phthisis manifests itself through the mind by the presence of suspicious delusions and hallucinations and their consequences—irritability, moodiness, unsociability, and extreme selfishness. In the discussion of this paper Dr. J. P. Brown expressed a doubt as to the existence of a specific form of insanity associated with phthisis. Dr. Stearns reported a case in which the mental symptoms disappeared when the physical symptoms became prominent. That phthisis does have peculiar relations to insanity, and does often give a peculiar tinge to the psychosis coexisting with it, has long been accepted as proven by alienists. Dr. Savage ("Insanity," p. 400) sums up the relationship between the two diseases as follows: Phthisis in the insane is associated with certain groups of symptoms, characterized by suspicion and refusal of food on the one hand, and with masking of the physical symptoms on the other. Sanity not uncommonly returns before death in phthisical lunatics, and some recover sanity to die, in a year or two, of phthisis. Van der Kolk ("Mental Diseases") says that insanity and phthisis alternate, and similar observations have been made by Bucknill-Tuke, Ball, Langlois, Neumann, Clouston, Griesinger, and others. As early as 1819 Dr. Jas. S. Macdonald ("Records of the New York Hospital") called attention to the relations between phthisis and insanity, already mentioned in the case of Guiteau's paternal uncle, who died in the Bloomingdale insane hospital in 1819.

Insanity Among Convicts. The report of the Illinois State Penitentiary for 1884, shows, that of two hundred and sixty-nine convicts sent to that institution for murder, sixteen or six per cent. had ultimately to be sent to an insane hospital. The medical officer, is a homœopathic renegade from the regular profession, whose knowledge of medicine may be judged from the fact that he reports a death from "malingering," hence this percentage must be very much under the mark, more especially as the institution is run on a purely politico-commercial basis. So long as a convict is able to work there is no examination of his mental state. How rarely insanity is likely to be detected, is shown by the case of the paranoiac cited in the February number of the JOURNAL, who, despite the fact that he cut his thumb off and then his throat, was not regarded as insane. Even these meagre statistics show that insanity is thirty-two times more frequent among homicidal convicts than it is among Illinois citizens, generally speaking. There were nineteen convicts sent to the insane

hospitals out of a total average population during the last biennial period, of fourteen hundred and twenty-nine, a little less than one and four-tenths per cent. The percentage of insanity in the state is $\frac{1}{100}$ per cent.

Transitory Insanity. By Dr. C. H. HUGHES (*Alienist and Neurologists*, October, 1885,) reports the case of a thirty-three-year-old physician, resident of a Kansas city, who was much overworked professionally, this overwork resulting in insomnia, for which chloroform was taken. He started to Washington with some friends. When twelve hours from home he imagined that he emitted a fœtid odor, and stopped off at Kansas City in consequence. He was brought to St. Louis the following day, by two friends. On the way he manifested persecutory delusions, made an attack on his friends, and was in consequence lodged in jail, where he had a profound night's sleep, followed by recovery the next day. In many features the case resembles those described by Kiernan, (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1880,) Brush (*American Journal of Insanity*, 1882-3,) and Schwartzer (*Die Transitor. Tobsucht*). From a forensic standpoint it is of decided value and interest.

Puerperal Insanity. By Dr. WIGGLESWORTH (*Journal of Mental Science*, April, 1886,) discussed seventy-three cases of puerperal insanity, which came under his observation. Puerperal insanity was looked upon as a genus of which the insanities of pregnancy, parturition, and lactation were the species. Dr. Wigglesworth described ten cases of the first class, thirty-one of the second, and thirty-two of the third. Insanity of pregnancy was the least frequent and least curable of the three varieties, the psychosis developed late rather than early in gestation. The influence of parturition was not immediately beneficial, in some cases having opposite effect; mania was as frequent as melancholia. The second variety—insanity of parturition—occurred most frequently in primiparæ, and in the great majority of cases commenced in the first weeks after parturition; mania was more frequent than melancholia. The percentage of recoveries was high. There was nothing peculiar in the mental symptoms taken by themselves. The third variety—the insanity of lactation—had the highest recovery rate; first lactations were not specially liable to insanity, the psychosis commenced early rather than late in lactation; melancholia was more frequent than mania. Prognosis was least favorable in insanity of pregnancy, and most in that of lactation, as shown in the following percentages:

	PREGNANCY.	PARTURITION.	LACTATION.
Recovery rate	60	74	85.7
Death rate	20	14.8	7.1
Incurable rate	20	11.1	7.1
Average duration of recovered cases	1 year.	8 4-5 mos.	7 1-4 mos.

It will be obvious that the same elements of error exist here as in the researches of Schmidt.

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